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**** CONTINUING DATA *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /MICHELE K JOIKE/ Examiner's Signature	Initials	GERMANY	3	6	1

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TITLE
 Plasmid-free clone of e. coli strain dsm 6601

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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